

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-675)**

SERIAL NO.

09/913614

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1			1			
2			1			
3			1			
4			1			
5			1			
6			3			
7			4			
8			1			
9			1			
10			6	1		
11			6	1		
12			1			
13			1			
14			1			
15			3			
16			3			
17			3			
18			3			
19			1			
20			6	6		
21			6	6		
22			4			
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TOTAL IND.			3	5		
TOTAL DER.			54	13		
TOTAL CLAIMS			57	18		

*	IND.	DER.	*	IND.	DER.	*
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100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY